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HUMAN LIFE AND ABORTION

PAUL V. HARRINGTON, P.A., J.C.L.*

Introduction

Efforts to liberalize or repeal existing abortion statutes constitute one of the leading controversies today in the fields of morality, medicine, law, legislation, social and genetic engineering and population and environmental control.

Every statute, that involves a moral issue, must reflect the moral views of some group in the community. This fact does not prevent a legislature from acting in accordance with definitive moral teachings and it does not cause such enactments to become unconstitutional by reason of an alleged establishment of religion. From time immemorial, innocent, defenseless, human life has always been accorded a prestigious value and a preeminence of respectful recognition; our very country was founded and established on the cornerstone and principle that every human life was to receive the equal protection of the laws and was not to be destroyed without due process of law.

Respect for human life is not the monopoly of any single community; it cuts across all sectarian and denominational lines. When Roman Catholics oppose the legalization of abortion, it cannot be stated that they are trying to impose narrow, limited, sectarian views on a pluralistic society, since our society has always been dedicated to the principle of profound respect for innocent, human life.

We are also told that Roman Catholics do not have to have abortions but they should not deny to others of different mind and conscience the opportunity to have a legal abortion. There are two fallacies in such a statement. The first is based on the assumption that voluntary abortion will never become mandatory abortion. Any knowledgeable person,

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This article should be read in conjunction with a series of articles written by Msgr. Harrington concerning abortion, which appeared in *THE LINACRE QUARTERLY* (Nov., 1965-Feb., 1971). Any reader desiring footnotes and references should consult this publication.

who witnesses the autocratic and apodictic dogmatism of unofficial governmental policy, the very positive statements of governmental officials and the efforts to push anti-life philosophy, will realize that mandatory abortion is only one step removed from voluntary, legalized abortion on demand.

The second fallacy is that the norm for right and proper conduct is not that which is objectively good and virtuous but rather what any given individual wants. If that principle were to become our guiding norm and criterion, it would be impossible to have any criminal laws, which proscribe and prohibit wrongful actions. We could not outlaw bank robbery; rather we would have to say that bank robbery is to be permitted to those who want to rob banks; those who are opposed need not participate. We could not and should not prohibit murder, homicide, aggravated assault, armed robbery, rape, car thefts; rather, we should make such actions available to those who wish to take advantage of them while those who are opposed need not become involved.

Our norm for proper conduct can never be what some persons want and what other persons do not want; rather our guidelines and criteria must be based upon what is objectively right for everyone; what is objectively wrong for everyone and what promotes or destroys the common good and the public welfare for everyone.

In this same connection, the proponents of abortion repeal state that the entire question of abortion should be a matter of the private opinion, judgment and conscience of the expectant mother herself or a matter between the mother and her physician and the law should not be involved

In areas, where the continuance of the pregnancy might threaten the life or physical health of the expectant mother, a doctor would be qualified to make a sound judgment about the advisability of an abortion. However, tremendous development in medical science has removed pregnancy from being a threat to the life and health of the expectant mother. Where her personal comfort and convenience are concerned, where poverty might be a question, or where some other economic or social issue might be involved, the doctor, while technically and professionally equipped to perform the abortion, would have absolutely no professional qualification or expertise to counsel, suggest or recommend an abortion; such would be entirely outside his competency.

When the proponents suggest leaving the question of abortion to the conscience of the individual, they are not speaking of an informed conscience which has arrived at a definite decision on the basis of objective right or objective wrong. Rather, they are referring to the merely personal judgment and private opinion of the individual, which mirrors only the personal wants, wishes, desires and interests of the expectant mother—not the rights of her unborn child to live and to be born.

The law, proscribing abortion, is necessary in order to give a defense to the unborn child. The law will recognize the inalienable and inviolable rights of the unborn child against its mother, who would want to destroy him and become his executioner or against the doctor, who would be intent on consigning him to oblivion. The law would grant equal protection even to the unborn and would insist on due

process before innocent, defenseless life would be destroyed and terminated.

We should learn from an identical moral issue that resulted in tragedy while the matter was consigned to the conscience, the private opinion and judgment of the individual and it could only be remedied by extensive legislation that would recognize and respect the equal rights under the law of all human beings regardless of color.

For over one hundred years, the great majority of white people in these United States considered the negro to be inferior, a second class citizen and unworthy of equal rights. This resulted from their conscientious belief, their private opinion and their personal judgment. This led to tremendous discrimination against the negro and the total and complete denial of his basic, constitutional, inalienable and inviolable rights. Under such a system, the negro had no defense; he had no forum by which he could seek or demand his rights.

Ultimately, the extensive civil rights legislation of the 1960's was necessary if there was to be a recognition of the equality, before God and society, of the negro with the white man, if he were to be accorded the inalienable rights of a human being and a first class citizen, if he were to be allowed to live decently, to have good housing, to have equal educational opportunities and advantages, to have proper job opportunities, to have equal opportunity for promotion and advancement to administrative and executive positions.

None of these rights were recognized or respected while the fate and destiny of the negro rested with the conscience, the opinion or the judgment of the individual per-

son or group. These could be enforced only with law and under the law.

Similarly, the right of the unborn to live and to be born can never be enforced if his fate or destiny rests solely with the private conscience or the personal conviction or belief of his mother. His right to life can only be protected and enforced by having, on the statute books, laws which proscribe and prohibit abortion. Only such a statute can defend the unborn child from his own mother, who might become his executioner, or from her psychiatrist, who would counsel the abortion or from her surgeon, who would destroy him.

Ancient and Medieval Church Attitudes

The Roman Catholic Church has always held, in regard to the morality of abortion, that it is a serious sin to destroy a fetus at any stage of development. There has never been any change or wavering in this very direct and forthright moral position. However, as a juridical norm in the determination of penalties against abortion, the Church at various times did accept the distinction between a formed and an unformed, an animated and an unanimated fetus.

The Pre-Christian Ancient Laws—the Sumerian Code (2000 B.C.), the Code of Hammurabi (1800 B.C.), the Assyrian Code (1500 B.C.), the Hittite Code (1300 B.C.) and the Vendidad of ancient Persia (600 B.C.)—recognized human life in the fetus, warned a pregnant woman from terminating her pregnancy, charged her and the infant's father with deliberate murder, if they violated this order and established severe penalties against those who deliber-

ately or accidentally caused a pregnant woman to lose her unborn child.

There is indirect evidence in the 9th and 6th centuries B.C. that abortion was forbidden and penalized in Greece.

In the Jewish laws, there is a different penalty for abortion depending upon which text of the Scriptures is used. The citation is the Book of Exodus, chapter 21, verses 22-23. The Vulgate text speaks of an accidental abortion and states that if a person struck a pregnant woman and caused her to suffer an abortion a fine was levied and, if the mother died, the guilty person was condemned to death.

In the Septuagint version, compensation was to be paid if the aborted fetus was *unformed* but the death penalty was to be imposed if the fetus was *formed*. The Septuagint text clearly considered the *formed* fetus to be a human being.

The Jewish law, according to the Alexandrian School, held that voluntary abortion of a developed fetus was murder since the life of a human being was sacrificed. In accordance with the Palestinian School of Jewish Law, which followed the Hebrew text of the Scriptures, abortion was not considered to be murder. The Talmud looked upon the fetus as part of the mother.

The legislation, with respect to abortion under Roman Law, differed from one period to another. In the earliest history of the Monarchy, a husband was allowed to divorce his wife if she had deliberately secured an abortion. Abortion, as a crime, was not punished during the Republic or Empire. Under the Cornelian Law, those who made, sold or administered the dan-

gerous drugs, which were used to procure an abortion, were subject to prosecution. In the second century of the Christian era, abortion was considered a separate crime and a woman, who intentionally sought an abortion, would be exiled for depriving her husband of children.

Under the Roman Law, the unborn was not considered to be a human being because the human soul was infused only at birth. The fetus was thought to be part of the mother and a potential person. However, the interference with a pregnancy was punishable because the father's rights were violated, there was danger to the mother, there was bad example or there was a denial of the State's right to children. The penalty was condemnation to the mines, temporary or permanent exile or partial forfeiture of possessions. However, if the mother died, the death penalty was demanded.

In opposition to the Roman Law position that abortion violated the rights of others—notably the father—the Church condemned abortion as a violation of the rights of the unborn.

The command "Thou shalt not kill the fetus by an abortion" was found in the *Didache* (80-100 A.D.), the *Pseudo-Barnabas Epistle* (before 132 A.D.) and in the *Canones Ecclesiastici SS. Apostolorum* (about 300 A.D.). The *Apostolic Constitutions* (c. 400 A.D.) also added that the formed fetus possesses a soul and it would be murder to dispose of it.

In the East, Athenagoras stated about 177 A.D. that the Christians believed that women, who resorted to abortion, were guilty of homicide. In the West, Tertullian,

who died about the year 240 A.D., termed deliberate abortion murder after sufficient growth had been realized and since murder is forbidden, it is sinful to destroy the human being that is growing in the mother's womb. Minucius Felix, who died in the third century A.D., and St. Cyprian, who died in 258 A.D., claimed that parents, who procure an abortion, are guilty of parricide. Hippolytus, who died about 235 A.D., considered the intentional killing of the unborn child to be murder.

These statements, by early Christian Fathers, made it possible for the Councils of the Fourth Century to condemn abortion as murder and to inflict severe penalties.

The Council of Elvira in Spain, held about 300 A.D., declared that, if a woman conceived as a result of an adulterous union, and killed the product of this conception, she was to be denied Communion throughout her lifetime and even on her death bed. This Canon would also apply to the killing of a fetus, conceived in a legitimate marriage, because the primary purpose of this statute was to preserve the life of the unborn infant.

Canon 21 of the Council of Ancyra, which was held in Asia Minor in 314 A.D., refers to the ancient law that punished the killing or the attempting to kill the unborn infant by its mother with life-long excommunication and lessened the penalty to ten years of varying penances. This statute, both in its condemnation of abortion and in its penalty, was the basis for most of the subsequent legislation in the Church down to the Middle Ages.

St. Basil the Great (374 or 375 A.D.)

stated that "a woman who deliberately destroys a fetus is answerable for murder. And any fine distinction as to its being completely formed or unformed is not admissible amongst us." Also, "women who give drugs that cause abortion are themselves also murderers as well as those who take the poisons that kill the fetus." This would appear to be the first legislation that punished those who cooperated in making the abortion possible.

St. John Chrysostom, who died in 407 A.D., spoke of the destruction of the unborn as "murder before birth." St. Augustine, who died in 430 A.D., indicated that the destruction of a formed fetus was murder and he severely condemned anyone who intentionally and directly interfered with any fetus, formed or not. St. Jerome, who died in 420 A.D., held that the destruction of a developed fetus was abortion, murder and parricide.

In 524 A.D., the Council of Lerida in Spain considered abortion and infanticide as crimes.

St. Martin of Braga said that abortion, attempted abortion, infanticide and contraceptive practices should be punished and added, for the first time in western legislation, that those who cooperated in the crime also were subject to the penalty for abortion.

The Trullan Synod, held at Constantinople in 692 A.D., followed the position of St. Basil the Great, and held that cooperators in the crime of abortion were subject to the penalties for murder.

The outstanding Greek canonical collection, The Photian Collection, was made in 883 A.D. and was recognized as the official

law in the Eastern Church in 920 A.D. On the subject of abortion, this collection included the statutes from the Council of Ancyra, the Trullan Synod and the writings of St. Basil.

The Nomocanon of Gregory Bar-Hebraeus, who died in 1286 A.D., is the best known of the Collections of the Syrian Monophysite Church and declares those individuals to be voluntary murderers who provide abortifacient drugs to women and a fine was to be imposed upon all who procured an abortion by bodily violence.

In the Western Church, the Italian Canonical Collection appeared about 450 A.D. and incorporated the law of the Council of Ancyra with reference to abortion and its penalty of ten years of penance. This statute of the Council of Ancyra was also included in the Collection of Dionysius Exiguus, who died about 540 A.D., the *Collectio Quesnelliana*, which was compiled between 500 and 550 A.D., and in the African, Spanish and Frankish Canonical Collections.

From these Canonical Collections, the legislation of the various Councils on abortion was incorporated into the Capitularies, Penitential Books and in Synodal Statutes.

The Council of Worms in 866 A.D., declared that women who deliberately destroyed their unborn infants were to be judged as murderers.

In addition to the legislation from the Councils of Ancyra and Lerida and the writings of Martin of Braga, the Decree of Ivo of Chartres, who died in 1116 A.D., included also two quotations from St. Augustine—one in which he condemns

interference with fetal life and a second in which the distinction between the formed and the non-formed fetus is set forth with the resultant effect that the destroying of a formed fetus is murder—a declaration of St. Jerome that the destruction of a non-formed fetus is not murder and a letter of Pope Stephen V in which it is presumed that the crime of abortion is murder.

The texts on abortion, presented by Ivo of Chartres, would find their way into the very important Decree of Gratian. The great contribution of Ivo of Chartres to later legislation on abortion is his introduction into canonical collections of the distinction between the formed and non-formed fetus and this had influence on the law up to the present century. St. Basil had rejected this distinction and no Council had ever recognized or adopted it.

Gratian concluded that abortion of an animated fetus is definitely murder and carries the penalties for homicide; abortion of a non-animated fetus was not murder. However, Gratian does not attempt to establish when the moment of animation arrives.

Roland Bandinelli, writing about 1148 A.D., and Rufinus, writing about 1157-1159 A.D., in their commentaries on the Decree of Gratian and the *Glossa Ordinaria* on the Decree of Gratian, assembled by John Tevtonicus in 1215-1217 A.D. and finalized by Bartholomew of Brescia about 1245 A.D., continued the distinction between the formed and unformed fetus and declared that the soul was infused only after some development of the body and, if the soul had already been infused, an abortion was murder.

The Compilation of Bernard of Pavia, assembled between 1188 and 1192 A.D., contained the text of the Book of Exodus from the Vulgate Translation and the Canon of Regino of Prium as accepted by Burchard of Worms. This Compilation holds that murder is involved when there is an abortion of a formed child, and, if this is deliberate, the penalty is deposition for clerics and excommunication for laymen. If the fetus is non-formed, the penalty is as for homicide and is to be imposed at the discretion of a judge.

The Decretals of Pope Gregory IX, compiled by St. Raymond of Pennafort and promulgated as an authentic collection of laws for the Universal Church in 1234, contained two canons on abortion: one was a letter written by Pope Innocent III in 1211 to the Carthusians, which recognized the distinction between animation and non-animation; the second was a canon introduced by Regino of Prium and, for the first time, was now included in an official collection. This canon states that anyone who does anything to a man or woman or gives them anything to drink which interferes with the conception, the growth or the delivery of a child is to be held as a murderer.

The Commentators of the Decretals interpreted the canons to mean that abortion of an animated fetus was true murder because a human being was killed and merited the full penalties for murder. The abortion of a non-animated fetus, sterilization and contraception were considered to be quasi-homicide.

None of the official texts indicated when animation occurred but most commenta-

tors agreed that a male fetus was without life for the first forty days and the female fetus was without life for the first eighty days.

Abortion was considered by all to be a serious sin even though the fetus was not animated and even though true murder may not be involved. The distinction between animation and non-animation was adopted more for the imposition of penalties than to determine the gravity of the sin.

The Synod of Riez in 1285 imposed a penalty of automatic excommunication, reserved to the Holy See for absolution, on everyone who was involved in the commission of an abortion or a murder by knowingly assisting, advising, suggesting or by selling or providing drugs. This legislation of the Council of Riez did not distinguish between animation and non-animation and was adopted almost verbatim by the Councils of Avignon in 1326 and 1337 and by the Synod of Lavaur in 1368.

In addition to the crime of abortion and its penalties, the Council of Avignon in 1326 declared that the securing of an abortion on oneself or on another was a *sin*, which was reserved to the Bishop or his delegate for absolution. At least nineteen synods or councils, held between the mid-thirteenth and the mid-sixteenth centuries, also reserved the *sin* of abortion to the Bishop.

The Council of Trent did not legislate directly concerning abortion but the penalties it decreed on homicide could apply to abortion in the event that the fetus was animated.

Two important Constitutions concerning abortion were issued by two Popes within

three years of each other: The Constitution *Effraenatam* of Pope Sixtus V in 1588 and the Constitution *Sedes Apostolicae* of Pope Gregory XIV in 1591. The second Constitution agreed with and confirmed the first in its entirety with the exception of two changes or modifications.

Pope Sixtus had declared penalties for the abortion of a non-animated as well as an animated fetus and, in this respect, this legislation differed from what had prevailed from the Decree of Gratian in 1140 up to 1588. Pope Gregory XIV limited his law only to the abortion of an animated fetus, thus returning to the decrees in force prior to 1588.

Pope Sixtus had decreed an additional penalty for abortion—an automatic excommunication, which was reserved, for its absolution, to the Holy See except in danger of death. Pope Gregory XIV changed the reservation for absolution to the local Bishop.

Henceforth, the penalties for procuring or cooperating in the procuring of the abortion of an animated fetus were: automatic excommunication reserved to the Bishop, irregularity, all the penalties which had been legislated by ecclesiastical and civil laws for voluntary murder, exclusion from any ecclesiastical office, benefice or dignity and, if clerics are involved, deposition and degradation and the transfer to the civil authorities for the imposition of civil law penalties.

Modern Church Attitudes

These two Constitutions, with respect to the irregularity and other vindictive penalties, remained in force and continued to be

the law concerning abortion until the codification of the Church Law in 1918, but the censure of excommunication was modified somewhat in the Constitution *Apostolicae Sedis* of Pope Pius IX in 1869.

Pope Pius IX did not recognize the distinction between animated and non-animated fetus and thus, in the period between 1869 and 1918, the automatic excommunication was incurred for any abortion or for any deliberate expulsion from the mother's womb of a non-viable fetus. No longer did the forty and eighty day rule prevail and the legislation of Pope Sixtus V, which was in force between 1588 and 1591, was again the law of the Church from 1869 to 1918.

Under the legislation of Pope Pius IX, the abortion had to be accomplished as a result of the means employed before penalties were incurred. Thus, if the attempt at abortion failed or if the abortion was effected but as a result of means other than those employed for that purpose, no penalties could be imposed.

To demonstrate that the Catholic Church has always and everywhere recognized the dignity of human life and the need to respect and protect human life, particularly of the unborn and the newborn, it is noted that, from 1872 to 1902, the Sacred Penitentiary and the Holy Office gave six replies to inquiries about the moral licitness of surgical procedures, which destroyed the human fetus.

Another matter of interest and concern, in the latter part of the nineteenth century, was the moral licitness of extracting an ectopic fetus. Beginning in 1893, the entire subject was discussed in the Ecclesiastical

Review and four renowned moral theologians participated—Lehmkuhl, Sabetti, Aertnys and Eschbach.

The Holy Office issued three replies on the question of ectopic pregnancies on August 19, 1889, May 4, 1898, and May 5, 1902.

The Code of Canon Law, which was promulgated on May 27, 1917 by Pope Benedict XV and which became effective on May 19, 1918, has two references to abortion: the *first*, with reference to the fitness of candidates for Holy Orders, states: "Men who have committed voluntary homicide or who have successfully procured the abortion of a human fetus and all their accomplices are irregular by reason of a crime" (Canon 985 n. 4); the *second*, with reference to crimes, declares: "those who successfully procure an abortion, the mother not excepted, automatically incur an excommunication reserved to the Bishop, and if they are clerics, they are in addition to be deposed" (Canon 2350 § 1).

Consistency of Church Attitudes

The proponents of legalized abortion claim that the Catholic Church has not held a consistent and unchangeable position on abortion down through the centuries; that the Catholic Church has recognized the right to perform an abortion before the fetus has become animated; that the Catholic Church has allowed abortion before the fetus became formed.

Nothing could be further from the truth. The Catholic Church has never allowed or tolerated abortion; the Catholic Church has never changed its basic principles con-

cerning this moral evil, which has been consistently condemned in the teachings of Christ and the Apostolic Fathers, in the legislation of all Councils and Synods, in the Formal Collections of Law and in the recent pronouncements of the Supreme Pontiffs. In all of the two thousand years of Christian tradition, the Catholic Church has never recognized abortion as virtuous, has never advised or recommended that abortions be performed, has never allowed or tolerated abortions. The Catholic Church has always and consistently and without exception denounced abortion as a moral evil, as a sin, and, in certain circumstances, even as a crime.

Even from the twelfth to the twentieth centuries, when only the destruction of an animated fetus was considered murder, the Catholic Church did not recommend or advise, did not allow or tolerate the abortion of a non-animated fetus. The Catholic Church condemned such abortions as morally evil and sinful. Recall that the law recognized such killings as *quasi-homicides* and inflicted penances, penalties and punishments for these deaths even though they were less severe as compared with the penalties incurred for the killing of an animated fetus.

Abortion is rejected as a very serious and unspeakable crime in two Papal Encyclicals, in a reply of the Holy Office, which had Papal approval, in eight Papal Allocutions, in a Constitution emanating from the Second Vatican Council and in a statement from the Hierarchy of the United States—all between 1930 and 1970.

These documents speak of abortion as an attack on the life of the offspring while it

is yet hidden in the womb of its mother; the destruction of the begotten but unborn child; as a lethal operation; the direct killing of the innocent; the infliction of death upon the child; the direct killing of an innocent human being; as an act unworthy of the high repute of the medical profession; as criminally and ruthlessly putting offspring to death; perishing before it is born; as the killing of the innocent which is an irrational proceeding and contrary to the divine law; an illicit attempt on inviolable human life; the direct suppression of the fetus; as a violation of the integrity of the human person which is an infamy that poisons human society, does more harm to those who practice them than those who suffer from the injury, is a supreme dishonor to the Creator; as a dishonorable solution to the controlling of the size of the family.

Let us ponder and reflect some of the wisdom contained in these Papal Allocutions:

- a) "The infliction of death whether upon the mother or upon the child is against the commandment of God and the voice of nature: 'Thou shalt not kill.' The lives of both are equally sacred and no one, even the public authority, can ever have the right to destroy them." (Encyclical *Casti Connubii*, December 31, 1930).
- b) "It is absurd to invoke against innocent human beings the right of the state to inflict capital punishment. . . . Nor is there any question here of the right of self-defense . . . against an unjust assailant; for none

could describe as an unjust assailant an innocent child. . . . Nor, finally, does there exist any so-called right of extreme necessity which could extend to the direct killing of an innocent human being." (Encyclical, *Casti Connubii*, December 31, 1930).

- c) "Doctors who encompass the death of the mother or the child, whether on the plea of medical treatment or from a motive of misguided compassion, act in a manner unworthy of the high repute of the medical profession." (Encyclical, *Casti Connubii*, December 31, 1930).
- d) "It is permissible and even obligatory to take into account the evidence alleged in regard to the social and eugenic 'indication' so long as legitimate and proper means are used and due limits observed; but to attempt to meet the needs upon which it is based by the killing of the innocent is an irrational proceeding and contrary to the divine law; a law promulgated also by the Apostle when he says that we must not do evil that good may come." (Encyclical *Casti Connubii*, December 31, 1930).
- e) "Governments and legislatures must remember that it is the duty of the public authority to protect the life of the innocent by appropriate laws and penalties, especially when those whose life is attacked and endangered are unable to protect themselves, as is particularly the case with infants in their mother's womb. If

the State authorities not only fail to protect these little ones, but by their laws and decrees suffer them to be killed, and even deliver them into the hands of doctors and others for that purpose, let them remember that God is the Judge and Avenger of the innocent blood that cries from earth to heaven.” (Encyclical, *Casti Connubii*, December 31, 1930).

- f) With the approval and confirmation of Pope Pius XII, the Holy Office, on December 2, 1940, replied that it was illicit and against the natural law and the divine positive law “upon order from the public authority, to kill directly persons who, although they have committed no crimes which merits death, are nevertheless, owing to psychic or physical defects, unable to be of any use to the nation, and are rather judged to be a burden to it and to be an obstacle to its vigor and strength.” (Footnote, p. 407; Bouscaren, *Canon Law Digest*, Vol. II, pp. 96-97).
- g) “As long as a man is not guilty, his life is sacrosanct, and every act which tends directly to destroy such a life is therefore unlawful, whether such destruction is intended as an end in itself or only as a means to an end, whether it is a matter of a life in embryonic form or already fully developed and at its peak. God alone is Master of the life of a man not guilty of a crime punishable by death! The doctor has no right to dispose of the life either of the

mother or of the child: and no one in the world, no private person, no human power, may authorize him to proceed to such a complete destruction. His office is not to destroy life but to save it.” (Allocution of Pope Pius XII to the *Biological-Medical Union of St. Luke*, November 12, 1944).

- h) “The child is ‘man,’ even if he be not yet born, in the same degree and by the same title as his mother. Every human being, even the child in the womb, has the right to life *directly* from God and not from his parents, not from any society or human authority. Therefore, there is no man, no human authority, no science, no ‘indication’ at all, whether it be medical, eugenic, social, economic or moral—that may offer or give a valid judicial title for a *direct* deliberate disposal of an innocent human life, that is, a disposal which aims at its destruction. . . . The life of an innocent person is sacrosanct, and any direct attempt or aggression against it is a violation of one of the fundamental laws without which secure human society is impossible.” (Allocution of Pope Pius XII to *Midwives*, October 29, 1951).
- i) “Innocent human life, in whatever condition it may be, from the first moment of its existence is to be preserved from any direct voluntary attack. This is a fundamental right of the human person, of general value in the Christian concept of life; valid both for the still hidden

life in the womb and for the new born babe; and opposed to direct abortion as it is to the direct killing of the child before, during, and after birth. No matter what the distinction between those different moments in the development of the life, already born or still to be born, for profane and ecclesiastical law and for certain civil and penal consequences—according to the moral law, in all these cases it is a matter of grave and illicit attempts on inviolable human life. . . .”

“But—it is objected—the life of the mother, especially the mother of a large family, is far superior in value to that of the still unborn child. . . . The reply to this tormenting objection is not difficult. The inviolability of the life of an innocent person does not depend on its greater or lesser value. More than ten years ago, the Church formally condemned the killing of a life deemed ‘useless’; and those who know the sad antecedents that provoked such a condemnation, those who know how to ponder the disastrous consequences that would follow were the sanctity of an innocent life to be measured according to its value, can easily appreciate the motives which led to such a disposition” (Allocution of Pope Pius XII to the *Association of the large families*, November 26, 1951).

- j) “It is criminal, therefore—in no matter justified by a reason of the State or eugenic or economic argument—to make any attack on the

life of the child from the womb to the cradle, and here must be included not only the direct killing of the innocent, but also the fraud against the plans of nature which, as such, express the will of the Creator.” (Letter of Monsignor Montini to Cardinal Siri on the occasion of the 26th Social Week of Italian Catholics, September 27, 1953).

- k) “Medical law is subject to medical ethics, which expresses the moral order willed by God. Therefore, medical law can never permit either the physician or the patient to practice direct euthanasia, and the physician can never practice it either on himself or on others. This is equally true for the direct suppression of the fetus and for medical actions which go counter to the law of God clearly manifested.” (Radio message by Pope Pius XII to *The International Congress of Catholic Physicians*, September 11, 1956).
- l) “Human life is sacred: from its very inception, the creative action of God is directly operative. By violating His laws, the Divine Majesty is offended, the individuals themselves and humanity degraded, and likewise the community itself of which they are members is enfeebled.” (Encyclical, *Mater et Magistra*, of Pope John XXIII, May 15, 1961).
- m) “Furthermore, whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia or wilful self-destruction,

whatever violates the integrity of the human person . . . all these things and others of their like are infamies indeed. They poison human society, but they do more harm to those who practice them than those who suffer from the injury. Moreover, they are a supreme dishonor to the Creator.” (Constitution *On the Church In the Modern World*, n.27, Vatican Council II).

- n) “For God, the Lord of life, has conferred on men the surpassing ministry of safeguarding life in a manner which is worthy of men. Therefore from the moment of its conception life must be guarded with the greatest care.” (Constitution *On the Church in the Modern World*, n. 51, Vatican Council II).

These Papal Encyclicals and Allocutions and Conciliar statements clearly and unmistakably indicate that God is the Creator of human life which becomes operative at the very moment of conception; that He and He alone possesses dominion over human life; that innocent, unborn human life is sacred and inviolable; that the right of the unborn to live and to be born comes from God and not from parents, the state or society; that any direct and deliberate destruction of human life by abortion is an unspeakable crime and can never be justified no matter what apparent good could be achieved thereby; that a seemingly “useless” life, that can never make a contribution in accordance with the values and criteria of the world, has a right to live and can never be intentionally destroyed; that a doctor is never justified, regardless of the indication, medical, eugenic, social or eco-

nomic, in performing an abortion and, if he does, he commits a heinous crime, is a disgrace to the profession of medicine, which exists to protect and safeguard human life, and does a disservice to humanity.

English and American Legal Treatment

With reference to statutes prohibiting abortion, it might be mentioned that, in English law, abortion, at least after “quickening,” was a form of homicide. The “quickening” requirement originated with Coke and was predicated on the limited, inadequate and erroneous medical knowledge of his day. “Quickening” was the first manifestation of animate life within the womb of which common law men could be certain. However, as early as 1803, when the first English statute on abortion was passed, the requirement of “quickening” was removed and all abortions were prohibited, although the penalties were more severe if the abortion was performed after the fetus had quickened.

The statute was enacted in England in 1803 by non-Catholics because Catholics were not allowed to sit in Parliament until permission and recognition were given to them by the Act of 1829. Similarly, the statutes, proscribing abortion, were enacted in the United States during the first half of the nineteenth century when Catholics were small in numbers and were totally lacking in influence.

All of the legislation, passed in the several states, prohibited every type of abortion except one that was essential to protect the life of the mother. In these statutes, the law was balancing the life of the fetus against the life of the mother. If, in the

medical knowledge of the early 1800's, the life of the fetus was threatening the life of the mother, the law could not favor the life of the child over the life of the mother and, therefore, it could allow the taking of the life of the unborn in order to protect the life of the mother.

The original statutes, enacted from 1800 to 1850, were meant to protect the life of the mother and that is why they allowed for an abortion of the fetus when the life of the mother was threatened by the continuance of the pregnancy and could be safeguarded by the termination of the pregnancy. The statutes were intended to protect the life of the unborn since an abortion was prohibited in all other circumstances. Therefore, it is entirely inaccurate to say that our present statutes were enacted only to protect the mother without any concern for the life and welfare of her unborn child.

Abortion, in western civilization and democracy, was first liberalized by the landmark decision in the *Rex v. Bourne* case in England in 1938. Despite the stringent prohibition of the English statute, Doctor Bourne, to test the law and to force liberalization, performed an abortion on a fourteen year old girl who had been raped by several soldiers. He justified his actions by alleging that the total welfare of the young girl demanded that he abort her. He was found not guilty of performing an abortion, proscribed by law. Doctor Alex Bourne, the defendant, is now an executive on the Commission for the Protection of Unborn Human Life and, in an article in the *London Express* of January 25, 1967, states that Justice McNaughten, the trial judge, was "taken in" by the psychiatric

opinions of second rate psychiatric experts. He also declared that, subsequent to his trial, every woman whom he refused to abort was happy after the birth of the child that he did not destroy the child.

In England, a liberal law became effective in May, 1968. The statute basically considers abortion a crime but recognizes exceptional situations in which a legal abortion may be performed. In 1964, about 3,300 interruptions of pregnancy occurred in the National Service Hospitals under the *Bourne* decision and about 10,000 in the year immediately preceding the liberalization of the law. It was estimated that there would be about 50,000 legal abortions in the first year—a five-fold increase. About 40 percent of the abortions have been performed in private nursing homes with the evident result that the profiteering abortionist, who was supposed to be put out of business by a liberalizing of the law, is very much in business.

Attempts to liberalize the abortion statutes in the United States began during the period 1965 to 1969 and took the form of limited liberalization in accordance with the suggestions of the American Law Institute. A change in the existing statutes was sought to allow an abortion in cases where the pregnancy resulted from rape or incest, where there was a possibility that the child might be born damaged or where the continuation of the pregnancy was a threat to the life and health of the mother.

Despite a well-organized and coordinated campaign, a tremendously well-financed machine, excellent exposure in the media of communications, the expenditure of tremendous time, effort and energy,

only ten states succeeded in changing their laws and, of these, there was only one large and prestigious state. The proponents received very little in return for the expenditure of large amounts of money and time. The reason for their failure was the fact that they lacked the support of large numbers of people. They said there was a large ground swell of support but the only evidence of such was their own statement, which was deliberately put forth in order to psychologically pattern people who like to be with the majority but even this did not generate support.

Because only ten states liberalized their laws during these five legislative years, the proponents, after the founding of the National Association for the Repeal of Abortion Laws in Chicago in February, 1969, moved for total repeal of all statutes which was their ultimate objective, so that any woman could have an abortion on her own initiative or after a consultation with a physician without alleging any cause or reason except her own wish and desire.

Again, after a well-organized and well-financed campaign and after tremendous propaganda by the various media of communications, only three further states have legalized abortion on request or demand—Hawaii, Alaska over the veto of the governor, who had opposed it and New York, which defeated the bill originally but passed it on a slim vote on reconsideration.

Legal Treatment In Other Countries

It would be hoped that the individual states in this country would profit from the very unsatisfactory experience in other countries with legalized abortion and not make the same mistakes which they made.

The Eugenic Protection Law was passed in Japan in 1948 primarily to control population growth. After her defeat in the Pacific War in 1945 and the loss of Manchuria, Korea and Formosa, Japan had to squeeze 80 million people into an area one twenty-fifth the size of the United States. It is estimated that at least two million abortions were performed each year. During the past twenty years, over 40 million Japanese lives were destroyed. The birth rate dropped from 34.3 per 1,000 population to 17.5 per 1,000 population. The control of population was so effective that Japan became in this period a nation of predominantly elderly people with very few young people to support them and care for them. Also, the Japanese had an insufficient labor supply to man an expanding economy and were forced to humiliate themselves and "lose face" by importing their arch-rivals and traditional enemies, the Koreans, to work in their factories. In September, 1969, the Prime Minister of Japan was forced to go before the Parliament and beg for a reconsideration of the national population policy because already they were underpeopled from the point of view of defense needs, economic viability and care of the elderly.

Before the United States attempts to solve her population situation by wholesale destruction of human life through legalized abortion, let her ponder and reflect the Japanese experience. There is no easier and quicker way for a nation to become fifth-rate than to depopulate itself.

Legalizing abortion in Japan did not eliminate criminal and illegal abortions. There are about 1,100,000 registered abortions and about 1,200,000 unregistered

abortions each year. More illegal than legal abortions even though a legal abortion could be had for the equivalent of \$8.30 American money.

In Japan, abortions are permitted up to the eighth month of pregnancy. One survey showed that 26 percent of aborted women reported that their health had been adversely affected with another 16 percent refusing to answer. A second survey demonstrated that slight or severe health complications resulted in 47 percent of cases with a somewhat higher incidence of morbidity in instances of repeated abortions.

This is a high incidence of complications. With this evidence, who can say that abortion is a safe procedure even for the mother?

It has been reported that abortion is so popular in Japan that it has become fashionable and has created an "abortion mood," which has infected family and social life, undermined the relationship between parents and children, with the result that children experience a lack of parental love and turn to anti-social behavior, crime and delinquency.

Professor John Nishimori of Waseda University in Tokyo, speaking at the Asian Population Conference in New Delhi in December, 1963, described the situation in his country: "The mood for birth control is now so strong that people who fail with contraception resort to abortion. By now we have maybe two million abortions a year. A recent survey in Nagoya indicated that only one out of three women had succeeded with contraception. The other two-thirds had one or two or three or even four

or more abortions. I think our government would be willing to change its policy now, but it will have to change the mood of the people first. That is not easy now once the people have the mood for birth control."

When a people become more attracted towards non-life and even the suppressing of life already conceived, the government can do very little to reverse the program. The "mood for abortion" is intangible, elusive and hard to measure but very real and very devastating.

The Japanese Minister of Welfare has referred to abortion as "an evil practice eroding the physical and moral health of our nation."

The Ministry of Welfare and Public Health has completely changed its attitude towards abortion and has officially warned that artificial abortion is not only not harmless but entails many undesired disasters and should be avoided.

In 1962, an association for the Protection of Life was formed in Osaka and Tokyo. Its primary purpose is to educate and inform the citizens that artificial abortion is immoral and harmful to the health of mothers.

In Sweden, the law was liberalized in 1938 to allow for abortions for sociomedical, humanitarian and eugenic reasons. It was further liberalized in 1946 and in 1963 to include the likelihood of foreseeable maternal weaknesses or the strain of giving birth and caring for the new baby.

It is estimated that 38 percent of the women apply for and are allowed a second abortion. In the period 1946 to 1951, more

than 25 percent of all legal abortions were accompanied by sterilization.

The number of legal abortions in Sweden increased from about 400 in 1938 to 7,700 in 1966. It is estimated that there are about 12,000 illegal abortions a year in Sweden—twice the number of legal abortions and the combined number of legal and illegal abortions each year represents a tremendous destruction of innocent, human life.

In Denmark, there were about 500 legal abortions in 1939 before the law was liberalized. There were 5,400 legal abortions in 1955 and 5,200 in 1965. It is reported that there are about 15,000 illegal abortions a year or three times the number of legal abortions. The figures would indicate that one in every four pregnancies is terminated by abortion—a tremendous loss of human life.

In Finland, which allows an abortion for medical, eugenic and humanitarian indications, there were 3,000 legal abortions in the first year after the liberalization of the law in 1950. This increased to 6,200 legal abortions in 1960. There is no approximation of illegal abortions in Finland.

The Norwegian statute, enacted in 1960, allows for an abortion in order to avert “a serious danger to the woman’s life or health. In the evaluation of the danger, any special disposition of the woman for physical or mental illness shall be taken into account as well as her living conditions and other circumstances which can make her ill or result in damage to her physical or mental health.”

There are no statistics as to the number of abortions performed under the new statute.

In the Soviet Union, there has been an ambivalent policy with respect to abortion. On November 8, 1920, the Soviet Union became the first major world power to allow abortion at the request of the pregnant woman. This was introduced by the government to emancipate women, to give them equal rights, among which was the right not to give birth to an unwanted child, to eliminate illegal abortions and to enable mothers to join the labor market as the country began a tremendous industrialization program.

There was a four fold increase in legal abortions between 1920 and 1925 and a ten fold increase between 1925 and 1935. These abortions were performed in Abortoria and were done on an assembly line basis at eight minute intervals; another description mentions that eight abortions were done in a two hour period with gruesome efficiency.

Doctors in the Soviet Union took a dim view of the number of abortions and the manner of execution and attempted to advise women against interruption of pregnancy. The medical literature warned against the physical and emotional complications. Doctor Joseph De Lee, the former medical director of the University of Chicago Lying-In, describes the morbidity: “Russia has completely reversed its position under the accumulated bad experience with 140,000 such operations a year. The authorities call the practice a serious psychic, moral and social evil and inherently dangerous even when performed *lege artis*.”

In June 27, 1936, a new decree was issued, which prohibited abortion except

for determined medical or eugenic considerations. On November 23, 1955, abortion on request or demand became the official policy once again.

The abortion rate in the Soviet Union is believed to be the highest in the world. The estimates of the numbers of abortions vary from two million to six million a year.

In Hungary, medical boards were established to grant permission for therapeutic abortions in 1953. Prior to this date, there were about 1,700 legal abortions each year. This number increased to 82,000 in 1956. A policy of abortion on demand was established officially on June 3, 1956. The number of legal abortions skyrocketed to 123,400 in one year. In 1959, there was one abortion for every live birth. By 1964, there were 184,000 legal abortions and 132,100 live births. Thus, the ratio of legal abortions to live births was 140 to 100 or 7 legal abortions for every 5 births. More life was being destroyed than was allowed to be born.

If the 17.8 abortions per 1,000 population in Hungary were to be applied to the 195 million population in the United States in 1964 and we also had a policy of legal abortion on request, we would have had approximately 3,471,000 legal abortions in that year; if it were to be applied to our present population of 205 million, the number of legal abortions would be approximately 3,649,000. Can we afford such tremendous loss of life? Would we want a reputation for such destruction of innocent, human life?

In 1964, less than 4 percent of abortions were performed because of illness; the remainder were done for social or family reasons.

Between 1960 and 1964, the percentage of women undergoing their third or higher abortion increased from 25.5 per cent to 31.4 per cent. In the same period, the percentage of those having their fifth or higher abortion increased from 5.2 per cent to 7.5 per cent. During these same four years, there was a 64 per cent increase in the number of childless women who submitted to abortion.

Permanent impairment of health has been reported among thousands of Hungarian women, who have been aborted. There has been an alarming rise in premature births, spontaneous abortions and sterility. The numbers of premature births almost doubled and more than half the mentally retarded children had been born prematurely.

Illegal abortion still exists in Hungary where a legal abortion is available on request. Andras Klinger of the Hungarian Central Office of Statistics reveals that a 1964 study of the relationship of abortion to prematurity demonstrates that there is a 10 percent incidence among women who have never been aborted; 14 percent among those who have had one abortion; 16 percent for those with two abortions and 21 percent for those with three or more abortions.

Leading intellectuals in Hungary, authors, magazine and newspaper editors have noted with great concern the dangers to the nation of a liberal abortion policy and decried the anti-life attitude and mentality which the country now experiences.

One noted Hungarian writer declares that abortion entails not merely the de-

struction of the child but also results in destruction of the mother and her nation.

With a high incidence of abortion and a low birth rate over the past twelve years, Hungary faces problems in business and industry in the decades ahead and a smaller and smaller group of earning young people will have the responsibility of supporting an ever-increasing number of aged people.

Poland is probably the easiest country in which to have an abortion. Many women travel from Sweden to have an abortion that wouldn't be authorized in their own country. A law was passed in 1956 which permitted an abortion for a "difficult social situation." There were 1,400 legal abortions in 1955 and this number increased to 143,800 legal abortions in 1961.

The combined results of many countries with extensive experience with liberalized or legalized abortion clearly establish: a tremendous increase in legal abortions, necessarily involving a tremendous destruction of innocent, human life; criminal abortions may show a marked increase, remain the same or manifest a decrease after a liberal change in the law—but, in no instance, are criminal abortions eliminated; a considerable number of maternal deaths and significant physical and mental complications to the mother—both immediate and delayed—with the result that an induced abortion is not even a safe procedure for the mother; abortion, legislated on a liberal basis to decrease population, has caused a shortage of manpower for economic growth and expansion, and national defense, has decreased the number of younger people and increased the number of the elderly with the effect that a very

small number of the young must assume the great responsibility of supporting a large aging population; increased numbers of abortion has created an anti-life mentality and philosophy with a consequent demoralizing effect on the populace; a significant loss of humanitarian, civilized and cultured approach to life with an inevitable dehumanizing effect on people, a rift in the relationship between parents and children with a subsequent increase in anti-social behavior and delinquency on the part of the young; a lessening of professional dedication on the part of doctors who become involved continuously in abortions and an increased interest in making money and gaining larger profits; great pressures on non-abortionist doctors to perform abortions against their better medical judgment; larger numbers of concerned physicians, who are totally opposed to abortion on demand or for socio-economic indications; a shortage of beds, staff and operating time for patients with bona fide conditions not related to abortion, with inevitable neglect of their medical and surgical needs; an increased dishonesty between the patients and doctors as evident in the fact that they use social indications as medical indications; doctors who use untrue and non-existent reasons to perform abortions will also use similar reasons to perform unnecessary surgery; the doctor-patient relationship will be damaged as seen in the situation where a girl, who goes to a doctor to be aborted, will not return to him when she is pregnant and wants the child, because she looks upon him as an abortionist and not as a doctor; the poor do not benefit from a liberalization of abortion statutes or legalization of abortion, since the opportunity for legal abortions at a reasonable

fee are not available to them; where abortion on demand is present, women conclude that they have a right to be aborted, they pressure the doctor to perform the abortion against his better judgment and they threaten suit against the doctor, if he refuses to abort her.

With this known experience, verified over an extended period of time in many different countries, sure to be the experience in this country, how can intelligent and well-meaning Americans be convinced that the total repeal of abortion statutes is useful, necessary or responsible?

Medical Attitudes

In 1952 and 1953 Doctors Heffernan and Lynch, competent obstetricians and gynecologists, prepared papers on therapeutic abortion in obstetrics and its scientific justification. At that time, they treated some serious complications to pregnancy, which were considered by some obstetricians to be indications for terminating the pregnancy by abortion, e.g., tuberculosis, cardiac diseases of all types; multiple sclerosis, chronic nephritis, glomerulonephritis, hypertension, benign pelvic tumors, malignancy of pelvic organs, tumors of the gastro-intestinal tract, lungs, kidneys and brain, secondary anemia, pernicious anemia of pregnancy, erythroblastosis, maternal otosclerosis, ulcerative colitis, rubella and other viral diseases in pregnancy with possible congenital malformations, neurological complications and epilepsy, psychiatric involvement and mental disease.

With reference to malignancy of the pelvic organs, the authors admit that this poses a serious problem and add

when a diagnosis of malignant disease is made in the early months of pregnancy, it may be treated by total extirpation of the pelvic organs or by the efficient use of radium or X-ray. The indirect interruption of pregnancy in these cases is the undesired, unintentional and inevitable result of the radical attack on the malignant disease and is not a therapeutic abortion.

As to all of the other conditions, Doctors Heffernan and Lynch state unequivocally that therapeutic abortion is not indicated, cannot be justified scientifically, does not contribute to a betterment of the basic condition and accomplishes only one thing—murder of innocent lives. Their ultimate conclusion is now well known: "Anyone who performs a therapeutic abortion is either ignorant of modern medical methods of treating the complications of pregnancy or is unwilling to take the time to use them."

Doctors Heffernan and Lynch established, by a survey of 171 hospitals and covering over three million births, that in the hospitals which allowed and performed therapeutic abortions, there were a few more maternal deaths than there were in hospitals in which therapeutic abortions were not performed. As a result of this survey, the doctors concluded:

As therapeutic abortion involves the direct destruction of human life, it is contrary to all the rules and traditions of good medical practice. From the very beginning, the approach to the problem has been unscientific. In too many cases it was learned, after innumerable babies had been sacrificed, that interruption of the pregnancy not only caused 100 per cent fetal loss but also increased the maternal mortality. . . . A careful analysis of the indications for these operations makes it rather clear that with

better prenatal care the lives of most of these infants could have been saved without necessarily increasing the maternal mortality. . . . When the writings of interested specialists in allied fields are analyzed, grave doubts must arise concerning the validity of any of the listed indications for therapeutic abortions. Furthermore, many authorities have deplored the destruction of the fetus in certain complications where therapeutic abortion was performed not so much because the condition endangered the mother's life but because of the expense and social hazards involved. The death of the fetus in these cases is rationalized on a medical basis; but actually the chief motive is the socio-economic factor. In such cases, the physician not only neglects to safeguard the unborn life entrusted to his care but actually becomes the deliberate executioner of an innocent human being. Surely this is unethical and unscientific. . . . No procedure which of its very nature violates the basic law of medicine 'to preserve life' and thereby carries with it such far-reaching implications should be perpetuated in the face of grave doubts as to its necessity and when its validity lacks scientific support. . . . Whatever nobility or esteem our profession may claim derives from the fact that its members have dedicated their lives to the preservation of human life. The argument against therapeutic abortion from maternal law can be stated very briefly, the unborn child is an innocent human being; its life is inviolable. To destroy that life deliberately is *murder*. . . . It is submitted that therapeutic abortion derives its origin from a train of thought which is foreign to the entire medical tradition in that its only effect is the destruction of life and offers no constructive effort to the solution of disease and the hazards of living.

Doctors Heffernan and Lynch conclude their articles:

Therapeutic abortion is an unworthy and unwholesome paradox in modern medicine,

the 'unenlightened physician' of the pre-modern era with limited means, a faith in His Creator and an undying hope and optimism, challenged disease. Today, with so many of his dreams realized in the armamentarium of modern medicine, some of his successors would shrink from the challenge, face difficulties with pessimism and, bowing to expediency, would destroy life. Therapeutic abortion is a deliberate destruction of innocent life, morally evil and scientifically unjustified. Therapeutic abortion is legalized murder.

Considering that the above findings and remarks were true in 1952 and considering how much progress and development have occurred in the intervening years in diagnosis, therapeutic care and management of complications, it is certainly more true today that there is no complication to pregnancy that cannot be treated along with the pregnancy and there is no complication that is a bona fide indication for terminating the pregnancy or for destroying the unborn child provided the attending doctor is knowledgeable and is willing to take the time and expend the energy to fulfill his responsibilities to the unborn patient, which he freely assumed when he accepted the pregnant woman as a patient.

It is clear, from the above, that there is nothing to be gained by liberalizing the present abortion statutes to allow for an abortion where the continuation of the pregnancy threatens the life or the physical health of the mother.

What about the justification or validity for abortion to protect and safeguard the mental health of the pregnant woman?

With reference to a woman who becomes pregnant while she is suffering from a psychosis or neurosis or becomes the victim

of a psychotic or neurotic illness while she is pregnant, psychiatrists agree that the mental illness is no complication to the pregnancy and the pregnancy is no complication to the mental illness. Pregnant or not, psychiatrists can make use of the same therapeutic techniques including even shock therapy. Therefore, the presence of mental illness can never be a justifiable or valid indication for interrupting the pregnancy by abortion.

Also, an abortion could be disastrous to a person already suffering from a mental illness because of the feelings of guilt that can and do follow an abortion. In this case, the unborn child would be destroyed and the mother would be left in a worse condition. The greatest indication can become the greatest contra-indication. What is gained by an abortion in such circumstances? An abortion has never been known to cure any mental illness. The best counsel is to treat the mental illness and not destroy the child.

Much is said about the danger of suicide in a mentally ill pregnant woman who is denied an abortion. There is much talk, emotion and hysteria but no factual evidence. Ekblad, in Sweden, produced a study of 382 mentally ill pregnant women who threatened suicide if they were not aborted. He followed them through the pregnancy and for an extended period after delivery and there was not even one suicide.

When psychiatric indications are used to justify an abortion, they usually amount to an attempt at projecting the effect the continuation of the pregnancy and the birth of the child will have on the expectant mother. There is no mental or emotional illness present at the time of conception.

However, psychiatry has not developed any professional norms, criteria or guidelines whereby a psychiatrist can make a scientifically valid judgment; at best, he is making an educated guess and, most of the time, he is merely capitulating to the pressure brought to bear on him by the referring physician, by the obstetricians who call him into consultation in order to authorize an abortion, by the girl herself or members of her family, when he states that continuation of the pregnancy will threaten her mental health and an abortion is indicated on psychiatric grounds.

One study in Buffalo teaching hospitals from 1960 to 1964 indicated that seventy five percent of the abortions among private patients were performed for psychiatric reasons and that abortion for psychogenic indications rose from 13 percent of all abortions in 1943 to 87.5 percent in 1963.

Another study demonstrates that psychiatric indications were given in 94 percent of one group of unmarried women but only in 50 percent of a group of married women and in the year of the rubella epidemic in England, when one would expect a great many abortions because of the danger of congenital deformities, twice as many pregnancies were legally terminated upon single girls as compared to married women and all on psychiatric grounds.

In California, during the first year of the liberalized statute, 90 percent of the abortions were performed for psychiatric reasons and only 5 percent were performed for organic, physical or medical indications. If one were to take this situation seriously, one would have to conclude that there is far more psychiatric illness in California

than there is any place else in the world. This statistic reveals an incidence of psychiatric illness in relation to organic disease that is far out of due proportion and this demonstrates how invalid and non-existent the "psychiatric" indications are.

The psychiatric indication usually amounts to a pregnant woman who is unhappy with her pregnancy or what the Danes call the Social Insufficiency Syndrome—a married woman with one child who is tired or the worn out housewife who has several children and is under stress at the thought of an additional child.

None of these merits the label of mental or emotional illness. There is no professional or scientific validity to the projected guess of the psychiatrist as to the impact on the mental health of the mother if the pregnancy is allowed to go to term. Nothing is accomplished except the deliberate destruction of the unborn child. The woman, who is supposedly so sensitive to stress, should be studied and treated by the psychiatrist but she never is.

Because the psychiatric indications for abortion were and are so phony, so scientifically and professionally lacking in validity, psychiatrists have begun to realize that they and their science have been "used" to advance the personal, selfish desires of conscienceless women and unprofessional doctors and they now, as a group, wish to be totally removed from the responsibility of authorizing abortions for psychiatric grounds.

The psychiatrist is professionally competent only in the field of mental and emotional illness. When he is consulted about

an abortion, he is frequently making a recommendation on economic grounds, social grounds, personal grounds and he has absolutely no expertise in these areas by reason of his training and experience.

Finally, the psychiatrist, not having studied the pregnant woman, has absolutely no way of knowing how she will react psychiatrically to the abortion. It is very probable that, with the high incidence of reactive depression following abortion, the woman with the original stress situation might end up a psychiatric cripple after the abortion whereas, if she allowed the pregnancy to continue, she could emerge a very healthy woman mentally and emotionally—particularly with psychiatric help, if such were considered necessary.

Scientific Attitudes

If it is scientifically established that, prior to birth, the fetus is nothing but a wart, a tumor, a blob of tissue, an appendage to the mother, maybe it could be destroyed by a termination of the pregnancy. However, if it is scientifically determined that, from the moment of conception or implantation, which occurs from seven to fourteen days after conception, the fetus has human life, the pregnancy cannot be interrupted because such would be tantamount to an intentional and deliberate destruction of innocent, human life.

It is interesting and curious to note that, in an age when it is so vitally necessary to be current and relevant, the proponents of legalized abortion, in order to confound the public and to confuse the issue, insist on quoting Aristotle and St. Thomas, who believed, in accordance with the pre-

Christian science and the developments of the thirteenth century, that animation or ensoulment did not occur at the moment of conception but was delayed—forty days for the male and eighty days for the female.

Apart from the fact that science has made great strides since Aristotle and St. Thomas—and we should accept the scientific advancement of the twentieth century, if it is at odds with the meagre knowledge of the sixth century B.C. or the not-too-sophisticated scientific awareness of the thirteenth century A.D.—the question of animation and ensoulment has specific reference to human personhood. In the present issue, we transmit the entire question as to whether or not the fetus is a human person and concentrate on the more fundamental and essential issue as to whether or not the fetus has human life. Abortion is the direct, deliberate and intentional destruction of human life—not necessarily a human person.

There is no question that there is life immediately after conception—because there is growth and metabolism—both of which would be impossible, if there were not life. The important question is what type of life is present in the fetus. Is the life human life?

We know that the conception results from the sexual intercourse of two human beings and the presumption would certainly favor the position that the life they would transmit would also be human—even from the beginning. All agree that, when the pregnancy has been completed and a child has been born, that human life is existing in the born child. There is a presumption of human life at conception and a certainty of human life at birth and no evidence that

what was originally human at conception changed to a non-human form of life during the pregnancy and returned to human life at birth. No one has ever given any proof of such a mutation and, without scientific evidence, any statement to the contrary would be merely gratuitous.

All agree that there is human life at birth—whether that birth occurs after nine months of pregnancy or seven months of pregnancy. It would certainly appear contradictory that a child would be considered to have human life at birth after seven months of pregnancy but would not be considered to have human life if it remains in the mother's womb during the eighth and ninth months of pregnancy.

Modern science clearly teaches that the process of birth—the passing from the uterus through the cervix and the vaginal canal to the outside world—does not bestow life. Birth is just a bridge between the intra-uterine and extra-uterine existence—a process by which the fetus, which has developed to the point of independence of the mother, can live outside of her. Birth has nothing to do with the granting or the endowing of human life.

Yet scientists can indicate no point in the development of the fetus at which, for the first time, human life is given to the fetus; viability or quickening are known not to give life because they presume life. Scientists know of no time except conception or implantation when human life in the fetus could have its beginning.

For more specific and precise information, let us consider what evidence the anatomists, the physiologists, the embryologists, the fetologists, and the perinatologists can offer.

Doctor William T. O'Connell, in summarizing the work, from 1908 to 1964, of twenty-four embryologists—all who have investigated and researched ova or eggs that had been recently released—concludes that the embryologist

has had to depend on the fact that the start of human life begins with the union of the sperm and ovum, followed by a growth and development that follows a sequential pattern that is constant. If we accept the premise that such growth is constant, then we must agree that there is no one particular moment in the development of an embryo when it changes from a non-living, non-human substance into a living human being.

The renowned embryologist, Arey, has described the life-span of man as beginning with fertilization and continuing in a long, unbroken chain of constant growth and development until birth is reached. After birth, there is further growth from infancy through childhood, adolescence, adulthood and these are followed by old age and death. In short, there is an unimpeded, continuous process of growth and development from fertilization to age 26 years.

Birth is not the beginning of human life. Birth is merely that happening or that point in time when human life, which began in fertilization or at the moment of conception, has grown, developed and matured to the point where it can successfully live outside of the mother. Birth is merely the bridge between life in the womb and life in the outside world. If what is born is human life, then scientists can find no period of time during pregnancy when human life had its beginning except at the

moment of conception. Therefore, human life exists from the very moment of fertilization throughout every day and week of pregnancy. Consequently, any artificial intervention, whereby fetal life is terminated, constitutes the destruction of human life.

Doctor O'Connell, in his summary, declares:

The embryo from the moment of conception shows the characteristics of a living, human being: organization, growth and metabolism. If these characteristics are present in the earliest studied embryos, then the embryo must be considered as a living, human being, and as such entitled to the most important right and privilege of all human beings: Freedom to live.

Professor Ashley Montagu of Columbia University states:

The basic fact is simple: Life begins, not at birth, but at conception. This means that a developing child is alive not only in the sense that he is composed of living tissue, but also in the sense that from the moment of his conception things happen to him Even though he may be only two weeks old, and he looks more like a creature from another world than a human being . . . he reacts. In spite of his newness and his appearance he is a living, striving human being from the very beginning.

A biophysicist at The Lawrence Radiation Laboratory in Berkeley, California, has noted: "Certain landmarks can be noted in the continuous transition from single cell to complete human individual . . . but none represents a point in development where biological form and function of the human individual are suddenly added."

The eminent geneticist, J. A. F. Roberts,

has described the development of human life as a continuing process:

A human being originates in the union of two gametes, the ovum and the spermatozoon. These cells contain all that the new individual inherits organically from his or her parents. The hereditary potentialities present in the fertilized ovum are unfolded, as cell divisions succeed each other, in an environment first prenatal and then postnatal, free to vary all the stages within narrow or wide limits.

Doctor Herbert Ratner, a Public Health Director, declares:

Modern Science regards the embryo as a human being from the moment that the male spermatazoa fertilizes the female ovum to form a 'zygote' We have rejected the theory that the embryo passes through a subhuman stage in the womb. From the moment of Zygote formation, the characteristics of a highly individuated human organism are established by the intermixture and combination of the genes, chromosomes and cytoplasm contributed by the parental human egg and sperm. This includes not only sex but a whole spectrum of human traits, both external and internal, organic and functional.

In presenting the most recent developments in fetology, James C. G. Conniff in *The New York Times Magazine*, points out that, "by five or six days after conception the human embryo has grown to about 150 cells. By eight (8) weeks the fetus is recognizably human—with limbs, a heart that has been beating for a week or so, identifiable sex, and a brain that both produces and receives neuro-hormonal signals."

Two outstanding fetologists—a husband and wife team—Doctors H. M. I. Liley and

A. William Liley—who together pioneered and developed techniques for transplacental, intra-uterine blood transfusions to the baby—have declared:

Because the fetus is benignly protected, warmed and nourished within the womb, it was long thought that the unborn must have the nature of a plant, static in habit and growing only in size. Recently through modern techniques of diagnosing and treating the unborn baby, we have discovered that little could be further from the truth. The fluid that surrounds the human fetus, at 3, 4, 5 and 6 months is essential to both its growth and its grace: The unborn's structure at this early stage is highly liquid, and although his organs have developed, he does not have the same relative bodily proportions that a newborn baby has. The head, housing the miraculous brain, is quite large in proportion to the remainder of the body and the limbs are still relatively small. Within his watery world, however (where we have been able to observe him in his natural state by closed circuit X-ray television set), he is quite beautiful and perfect in his fashion, active and graceful. He is neither an acquiescent vegetable nor a witless tadpole as some have conceived him to be in the past, but rather a tiny human being as independent as though he were lying in a crib with a blanket wrapped around him instead of his mother.

Doctor Arnold Gesell, founder of the Clinic of Child Development at Yale University, states that,

mental growth is a process of behavior patterning [and points out,] even in the limb bud stage, when the embryo is only four weeks old, there is evidence of behavior patterning: The heart beats. In two more weeks slow back and forth movements of arms and limbs appear. Before the twelfth week of uterine life the fingers flex in reflex grasps.

It is clear that from the studies of child psychologists it can be said that this process of mental development which characterizes the ten-year-old child, or the one-year-old child, also characterizes the embryo who is only one month old.

All of this scientific information is the basis for the conclusion of Doctor Herbert Ratner: "By the time a woman knows she is pregnant and by the time the average abortion is arranged, we are not dealing with a small mass of cells. We are curetting out arms and legs, heart and brain. This is truly an intrauterine battered-child syndrome."

When one views the present state of medical science, we find that the artificial distinction between born and unborn has vanished. As Dr. Liley says: "In assessing fetal health, the doctor now watches changes in maternal function very carefully, for he has learned that it is actually the mother who is a passive carrier, while the fetus is very largely in charge of the pregnancy."

The new specialty of fetology is being replaced by a newer specialty called perinatology which cares for its patients from conception to about one year of extra-uterine existence. The Cumulative Index Medicus for 1969 contains over 1400 separate articles in fetology. For the physician, the life process is a continuous one, and observation of the patient must start at the earliest period of life.

A large number of sophisticated tools have been developed that now allow the physician to observe and measure the child's reactions from as early as ten weeks. At ten weeks it is possible to obtain the

electrocardiogram of the unborn child. At this stage also the heart sounds can be detected with new ultrasonic techniques. The heart has already been pumping large volumes of blood to the fast growing child for six weeks. With present day technology, the heart of the child is now monitored during critical periods of the pregnancy by special electronic devices, including radio-telemetry. Computer analysis of the child's ECG has been devised and promises more accurate monitoring and evaluation of fetal distress. A number of abnormal electrocardiographic patterns have been found before birth. These patterns forewarn the physician of trouble after delivery. Analysis of heart sounds through phonocardiography is also being done.

With the new optical equipment, a physician can now look at the amniotic fluid through the cervical canal and predict life-threatening problems that are reflected by a change in the fluid's color and turbidity. In the future, the physician will undoubtedly be able to look directly at the growing child using new fiber optic devices (through a small puncture in the uterus) and thereby diagnose and prescribe specific treatment to heal or prevent illness or deformity.

For the child with severe anemia, the physician now gives blood, using an unusual technique developed by Dr. A. Liley of New Zealand. This life saving measure is carried out by using new image intensifier x-ray equipment. A needle is placed through the abdominal wall of the mother and into the abdominal cavity of the child. For this procedure the child must be sedated (via maternal circulation) and given pain relieving medication, since it experiences pain from the puncture and

would move away from the needle if not premedicated. As Dr. H. M. I. Liley states:

When doctors first began invading the sanctuary of the womb, they did not know that the unborn baby would react to pain in the same fashion as a child would. But they soon learned that he would. By no means a 'vegetable' as he has so often been pictured, the unborn knows perfectly well when he has been hurt, and he will protest it just as violently as would a baby lying in a crib.

The gastro-intestinal tract of the child is outlined by a contrast media that was previously placed in the amniotic fluid and then swallowed by the child. We know that the child starts to swallow as early as fourteen weeks.

Some children fail to get adequate nutrition when in utero. This problem can be predicted by measuring the amount of estradiol in the urine of the mother and the amount of PSP excreted after it is injected into the child. Recent work indicates that these nutritional problems may be solved by feeding the child more directly by introducing nutrients into the amniotic fluid which the child normally swallows (250 to 700 cc a day). In a sense, we well may be able to offer the child that is starving because of a placental defect a nipple to use before birth.

The amniotic fluid surrounding the unborn child offers the physician a convenient and assessable fluid that he can now test in order to diagnose a long list of diseases, just as he tests the urine and blood of his adult patients. The doctor observes the color and volume of amniotic fluid and tests it for cellular element enzymes and other chemicals. He can tell the sex of his

patient and gets a more precise idea of the exact age of the child from this fluid. He can diagnose conditions such as the adrenogenital syndrome, hemolytic anemia, adrenal insufficiency, congenital hyperanemia and glycogen storage disease. Some of these, and hopefully in the future, all of these can be treated before birth.

At the time of labor, the child's blood can be obtained from scalp veins and the exact chemical balance determined before birth. These determinations have saved many children who would not have been considered in need of therapy had these tests not been done. The fetal EEG has also been monitored during delivery.

A great deal of work has been done to elucidate the endocrinology of the unborn child. Growth hormone is elaborated by the child at seventy-one days and ACTH has been isolated at eleven weeks gestation. The thyroid gland has been shown to function at ten and a half weeks, and the adrenal glands also at about this age. The sex hormones—estrogen and androgen—are also found as early as nine weeks.

Surgical procedures performed on the unborn child are few. However, surgical cannulation of the blood vessels in an extremity of the child has been carried out in order to administer blood. Techniques are now being developed on animals that will be applicable to human problems involving the unborn child. Fetal surgery is now a reality in the animal laboratory, and will soon offer help to unborn patients.

The whole thrust of medicine is in support of the notion that the child in its mother is a distinct individual in need of the most diligent study and care, and that

he is also a patient whom science and medicine treats just as it does any other person.

This review of the current medical status of the unborn serves us several purposes. Firstly, it shows conclusively the humanity of the fetus by showing that human life is a continuum which commences in the womb. There is no magic in birth. The child is as much a child in those several days before birth as he is in those several days after. The maturation process, commenced in the womb, continues through the post-natal period, infancy, adolescence, maturity and old age.

Secondly, quickening is a relative concept which depends upon the sensitivity of the mother, the position of the placenta, and the size of the child. At the common law, the fetus was considered not to be alive before quickening and therefore we can understand why commentators like Bracton and Coke placed so much emphasis on animation and quickening. But modern science has proven conclusively that any law based upon quickening is based upon shifting sands—a subjective standard even different among races. We now know that life preceeds quickening; that quickening is nothing more than the mother's first subjective feeling of movement in the womb. Yet the fetus we know has moved before this. In spite of these advances in medicine, some courts and legislatures have continued to consider quickening as the point when life is magically infused into the unborn. No concept could be further from the scientific truth.

Thirdly, we have seen that viability is also a flexible standard which changes with the advance of these new medical descri-

plines some of which are hardly a half dozen years old. New studies in artificial placentas indicate that viability will become an even more relative concept and children will survive outside of the womb at even earlier ages than the 20-28 weeks in the past. Fetology, and perinatology are only a few years old as specialties. Obstetrics is only sixty years old as a specialty.

Fourthly, we have seen that the unborn child is as much a patient as is the mother. This most important but simple truth is not recognized in the trial court's opinion. In fact, in all the literature one reads opting for permissive abortion, this simple truth is ignored. There are many doctors in this nation who know that the unborn is also their patient and that they must exercise their art for the benefit of both mother and child. How then will they respond to a request for abortion on the most permissive grounds? How will they respond to a demand on the most permissive grounds? What is the next step? Must they respond to a law suit compelling them to perform an abortion? When the physician accepts that he has two patients he will have no difficulty in the exercise of his art for the benefit of child and mother. He will not find the liberal standard (necessary to preserve the life or health of the mother) to be vague because he will take the life of the child only for grave reasons even under this liberal standard.

In summary, valid scientific research clearly and unmistakably demonstrates that human life begins and exists at conception or implantation, when a new human life begins with a built-in genetic determination which establishes from the very beginning the sex, the body structure and frame, the

color of skin, hair and eyes and all other hereditary characteristics. From the very beginning, the fetus or embryo is as separate and distinct from the mother as a child already born. From conception or implantation, we have life and the life is human life—the growth and development of the fetus is not from a lower form of life to a higher form of life but rather an orderly form of continuous, unbroken maturity of human life. The human life is actually existing human life—not merely a potentiality for developing into human life. The actually existing human life in the fetus has a potentiality for further growth and development but it already possesses the totality of human life. A new born baby has the potentiality for further growth and development into a child, an adolescent, a young adult, a middle aged person and an elderly person—but, at birth, it already has the totality of human life, which it will always have.

Conclusion

With all of the above rights of the fetus recognized in law and by the courts, there can be no doubt that current legal jurisprudence certainly believes that a fetus has human life from the very moment of conception, that it is a biological entity separate and distinct from its mother, that it has a separate legal existence from her, that it is a person and enjoys all of the rights of a person, including the right to sue in the courts for the protection of its rights and to institute actions before the courts to recover for any injury, that, as a person with human life, it has the right to be free from aggressive assault on its life or person and above all, it has the right to be born

—all rights subject to the protection of the law and its courts. Medical science has provided the research information and evidence whereby the law and the courts could make these various findings. If the law and the courts consider a fetus to be a person with rights—not the least of which is the right to life and the right to be born—can any doctor or any other honest, objective person deny or totally ignore these conclusions?

Society or government has a serious responsibility to recognize and respect the life and the right to life of every one of its members or citizens. They have the added duty to protect each one from himself in the event of self-destruction by suicide and to protect each one from every other individual so that all will be free from aggressive and unwarranted assault and from the loss of life by murder, or manslaughter.

The right to life of the individual is so sacred and the protection over this right to life by society and government is such a serious responsibility that our laws and our traditions have accorded to government the right to take the life of one of its citizens only in one situation—when an individual has committed a capital offense, by unjustly taking the life of another, and then only after the accused has been apprehended, has been given the right to be represented by counsel of his choosing, has been allowed to face his accusers, has been advised of the charges, granted the right of cross-examination and the presentation of his own evidence, has been accorded all defenses recognized by the law, has been found guilty by a jury of his peers, has exhausted all appeals and is not a candidate for clemency.

The right to life of every individual is so precious and is guarded so jealously that the government is given only a restricted and limited right over the life of its citizens. It may not put any of its peoples to death arbitrarily or at will. However, in order to repel the unjust aggression of another nation, it may call upon its men to volunteer their service or it may conscript its manpower and expose them, through the ravages of war, to the danger of the loss of their own lives and authorize them to take the lives, if necessary, of members of the opposing army.

Protection of a country, its prestige and its inviolability is a corporate self-defense against a large-scale unjust aggression.

Personal self-defense, capital punishment and the resistance of a nation to an unwarranted act of aggression and an unjustified attack on its honor are the only justifiable reasons for a direct assault on the life of an individual. The destroying of innocent human life in any other set of circumstances or for any other reason is totally unconscionable and completely without justification.

One of the differences between a free society and an authoritarian or totalitarian state is the freedom of the individual to plan his own life and to pursue his own goals of achievement. A dictatorship maintains very severe surveillance and control over its citizens, who become slaves to the ideology and pursuits of the state and their freedom from exile and their very right to life is at the mercy of the state. The results can be very dehumanizing.

In Nazi Germany in the 1930's, Adolph Hitler and his lieutenants combined a phi-

losophy of control over the lives of its citizens and their very right to life with a "quality of life" yardstick and judged that the Jewish race was an inferior race historically, politically and socially and, thereby, sentenced over 7,000,000 Jews to the death chambers and crematoria of Auschwitz, Belsen, Dachau and Buchenwald. Seven million Jews died because Hitler had control over their right to life and had judged them to be of inferior quality.

No one outside of Hitler's close coterie of advisers attempted to justify the deliberate, intentional and cold-blooded extermination of seven million innocent people in the gas ovens and concentration camps of Germany. Every nation and all peoples viewed this dehumanizing spectacle as the worst tragedy of the human race and this evaluative judgment was sustained by the International Tribunal convened to investigate the war crimes at Nuremberg.

All peoples wondered how this could happen in such a civilized and cultured country as Germany. It began simply with the first piece of legislation passed by the Reichstag. It was legislation which said that life could be seen only from an economic or a sociological or a racist point of view. The first laws, enacted under Nazism, never envisioned the final horrendous conclusions which would be reached in the burned and dead bodies of Belsen, Auschwitz, Dachau or Buchenwald. But step by step that position was irreversibly reached and all of this in the name of legislation, which had as its foundation, the belief that reverence for all life is not required and is not demanded by human society.

It is interesting to note, with reference to

abortion, the reaction to and position of three eminent German Protestant Theologians who opposed Hitler at risk of their lives:

Professor Helmuth Thielecke of the University of Hamburg has stated that once impregnation and conception have taken place "it is no longer a question of whether the persons concerned have responsibility for a *possible* parenthood; they have *become* parents."

Professor Karl Barth of Basel has concluded: "he who destroys germinating life kills a man."

The very prominent Dietrich Bonhoeffer, who was hanged in a Nazi prison camp, judged that "abortion is nothing but murder."

These three theologians were concerned that the philosophy of Nazism spurned and rejected the doctrine of the importance and sacredness of all human life and had concentrated on establishing a questionable man-made standard of "quality of life" which immediately has to distinguish between that which is superior and that which is inferior with the obvious resultant that the former must survive and the latter becomes expendable and disposable. Such a norm violates the fundamental tenet that all life created by God is good and that all life is created equal. Where God does not establish, in His own creation, a standard of inferiority and superiority, man should also resist the urge to separate and isolate life by using a norm of quality.

They who oppose the legalization of abortion are not against the great American dream of "the good life" or of being well born. They want every child to be

wanted; to be born into a family that can provide him with good housing, good clothing, good substantial and nutritional food, good educational opportunities, good social and recreational opportunities, a hope for the future; to be born into a family that can give him love and affection and a sense of belonging and a sense of security; to be born physically strong and mentally alert and without handicap, damage or defect.

They believe in the "good life" and in "quality life" and they are convinced that every effort should and must be made to insure that every child born is born well. However, the quality of life should not be attained at the expense of the value and sacredness of every human life; the end, however praiseworthy, does not justify any means used to achieve it.

If basic human life, in whatever form or circumstances it may be born, is not respected for what it is—the creation of God and the greatest good—and is not considered sacred, the "quality of life" will have no meaning and will not long endure because life becomes a disposable and expendable commodity, subject to the value system accepted by the community leader or individual, who will be making the ultimate decision to destroy life.

Human life itself is a substance and the "quality" of that life is only an accident. An accident can never be considered more important than the substance in which it exists or it modifies. Without life, there can never be a "quality of life." This makes life a much more essential, necessary and important good than the "quality of life" which will modify it. The "quality of life" can never be preferred over or before life itself or considered to have greater impor-

tance than the very foundation of life. The "quality of life" can never be achieved by the intentional and deliberate destruction of life itself and never exist apart from and separate from life. A "quality of life" that is attained or purchased at the expense of life or is recognized as separate from and superior to life itself will have no meaning or lasting importance.

Parents—not the mother alone—have the right, even the obligation, to be responsible parents. They have a right to determine how many children they should have in accordance with their financial income, their housing accommodations, their ability to raise them properly. Responsible parenthood is restricted and limited to the period before conception, when the presence of human life and the right to be born are not issues.

Once conception has occurred, the right of the parents or the right of the mother to control her fertility or to decide when a child is to be born or is not to be born ceases because, then, the right of the conceived child to be born and to live supersedes and becomes more important than their personal rights. A woman's right to limit her own fertility is recognizable as a relative and qualified right but not as an absolute right. Her right to decide which child she would give birth to and which one she will reject through abortion should never be achieved at the expense of deliberately destroying innocent human life. The right to life is far more important than the right to control one's fertility and the former must prevail over the latter.

In the problem of the "unwanted" child, some take a seemingly callous and indifferent attitude—certainly with respect to

the unborn child. They opt for an abortion with the added remark that, at a later date, when and if the woman wants another child, she can always become pregnant again. Presuming, for the moment, that she has not become sterile as a result of the prior abortion, she can become pregnant again. This may satisfy her needs and wishes but what about the child whose life was destroyed by the abortion? He doesn't get another chance to be born again; he had only one opportunity for life and that opportunity was violently removed from him before he could enjoy his great gift.

This is one further indication that, in the discussion of abortion, too much emphasis is placed on the rights of the expectant mother and the rights of the unborn are neglected and ignored.

What about the child that will be born into poverty? Should he be allowed to be born into a situation where he may have inadequate housing, not the most up-to-date clothing, not the best educational and social opportunities? Let it be said that everyone would hope and want every child that is to be born in the future to be born into a family that can provide all the basic necessities and some of the comforts of life. No one wishes to canonize poverty, but it must be admitted that, in the past, many great people in this country came from humble backgrounds and impoverished surroundings and their poverty did not prove to be a handicap. It spurred them on to seek for themselves what their families could not give them and they became stronger, more mature, more responsible, more courageous and more sensitive people by reason of the hardships they had to endure.

What we are balancing here is the basic and fundamental right of a child to be born against the inevitable birth into poverty and hardship. It is our intuition that, if a fetus were to be given his choice of being born in poverty or not being born at all, he would surely choose to be born into poverty and that the right to be born should not be denied him because of misplaced compassion—however well-intended it might be. Poverty is not the greatest evil in the world. The right to be born into comfort and luxury—the right to be well born should never be purchased or achieved at the expense of the deliberate destruction of innocent human life.

If we have problems with inadequate income, poverty, sub-standard housing, inadequate food supply, poor educational opportunities, absence of job opportunities—let us marshall all the forces of our society and let our experts in sociology, economics, and the environmental sciences conduct research until they find social solutions for social problems. This is the responsible and constructive approach. Let us not try to solve the social problems by removing the problem by death. Let us not try to attack poverty by destroying life. With

such a negative, destructive approach, the problems of poor housing, inadequate food supplies and the absence of educational and social opportunities will still continue but millions of human lives will have been destroyed.

Life in the womb has been created by God; it is precious; it has a value and an importance all its own—apart from its state of health, independent of the circumstances into which it will be born, separate from the convenience and comfort of its mother and distinct from her wanting it or not wanting it to be born. Life in the womb must be respected and honored; its right to continue in existence must be protected; its inalienable right to be born must be safeguarded. No one—not even a well-meaning physician—should be allowed to invade the uterine cavity for any reason—however weighty and serious—and snuff out, terminate, annihilate or destroy that human life. The responsibility for the achievement and assurance of all of this lies with all intelligent, cultured, civilized persons, with the community and society, with government, with courts and, above all, with the law.